

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

12-03-23

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	2					
6	3					
7	3					
8	3					
9	3					
10	2					
11	3					
12	3					
13	3					
14	3					
15	3					
16	1					
17	1					
18	1					
19	2					
20	1					
21	1					
22	1					
23	1					
24	1					
25	2					
26	1					
27	1					
28	1					
29	3					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	53	↔	↔	↔	↔	↔
TOTAL CLAIMS	56	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		████████	████████	████████	████████	████████